## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

SERIAL NO.

APPLICANT(8)

SERIAL NO.

FILING DATE

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 ** AMENDMENT		CLIATIVIS	AS F	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
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